

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>214529373</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>Enventis Telecom, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>NATIONAL REGISTERED AGENTS INC</b>  <b>4701 COX ROAD, SUITE 285</b>  <b>GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>MN</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>7/31/2014</b></p> <p>SCC ID NO: <b>F1759028</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000	
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COMMON	1,000						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 221 EAST HICKORY STREET PO BOX 3248</p> <p style="text-align: center;">CITY/ST/ZIP: MANKATO, MN 56002-3248</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CAROL A WIRSBINSKI  TITLE: PRESIDENT  ADDRESS: 221 E HICKORY ST  PO BOX 3248  CITY/ST/ZIP/CO: MANKATO, MN 56002-3248 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: CAROL A WIRSBINSKI TITLE: PRESIDENT ADDRESS: 221 E HICKORY ST PO BOX 3248 CITY/ST/ZIP/CO: MANKATO, MN 56002-3248	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN W FINKE CHAIRMAN 221 E HICKORY ST PO BOX 3248 MANKATO, MN 56002-3248	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROL A. WIRSBINSKI COO 221 E HICKORY ST PO BOX 3248 MANKATO, MN 56002-3248	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY T JACOBS DIRECTOR 221 E HICKORY ST PO BOX 3248 MANKATO, MN 56002-3248	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LANE C NORDQUIST DIRECTOR 221 E HICKORY ST PO BOX 3248 MANKATO, MN 56002-3248	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Darren D Peterson VICE PRESIDENT 2950 Xenium Lane North Suite 138 Plymouth, MN 55441	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael L Olsen VICE PRESIDENT 2730 3rd Avenue Mankato, MN 56001	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DAVID A CHRISTENSEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DAVID A CHRISTENSEN, SECRETARY PRINTED NAME AND CORPORATE TITLE	
		6/6/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			